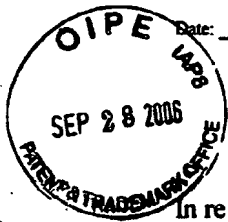


CERTIFICATE OF MAILING: I hereby certify that this correspondence is being deposited with the United States Postal Service via Express Mail in an envelope addressed to Mail Stop Petition, P.O. Box 1450, Alexandria, Virginia 22313-1450 on: 9/28/06

By: Elizabeth Lavallee
Elizabeth Lavallee

Attorney Docket Number: 520-24-003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Richard Malchar

Serial No: 10/658,615

Examiner: L. Amerson

Filed: September 9, 2003

Art Unit: 3764

For: An Abdominal And Torso Strengthening Apparatus

REQUEST FOR A THREE-MONTH EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with Rule 1.136, the Applicant respectfully petitions the Commissioner for a three-month extension of time extending the period for response to the Office Action dated March 9, 2006, to September 9, 2006. A check in the amount of \$510.00 is enclosed for the three-month extension of time.

Respectfully submitted,

Date: September 28, 2006

AMV/el
Enclosures


Anna M. Vradenburgh
Registration No. 39,868

KOPPEL, JACOBS, PATRICK & HEYBL
555 St. Charles Drive, Suite 107
Thousand Oaks, California, 91360
Telephone: (805) 373-0060
Facsimile: (805) 373-1500

10/03/2006 HDEMSS1 00000018 10658615

02 FC:2253

510.00 DP

05/04/2007 CKHLQK

00000018 10658615

-510.00 DP

05/04/2007 CKHLQK 0007421700

Serial Number: 10658615

\$510.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|--|-----------------------------------|-------------------------------------|---|-----------|--|
| 1 Date of Request: <u>05/03/07</u> | | 2 Serial/Patent # <u>10/658,615</u> | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | |
| | Filing | | | \$ | |
| | Amendment | | | \$ | |
| X | Extension of Time - 2253 | XT/ | 09/28/06 | \$ 510.00 | |
| | Notice of Appeal/Appeal | | | \$ | |
| | Petition | | | \$ | |
| | Issue | | | \$ | |
| | Cert of Correction/Terminal Disc. | | | \$ | |
| | Maintenance | | | \$ | |
| | Assignment | | | \$ | |
| | Other | | | \$ | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 510.00 | |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | Treasury Check | | | |
| | Overpayment | X | Credit Deposit A/C #: | | |
| | Duplicate Payment | | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1 1 -- 1 5 8 0 </div> | | |
| X | No Fee Due (Explanation): | | | | |
| Extension was filed subsequent to the maximum extendable period for reply. | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: <u>Monica A. Graves</u> | | TITLE: <u>Paralegal Specialist</u> | | | |
| SIGNATURE: <u><i>Monica A. Graves</i></u> | | PHONE: <u>(571) 272-7253</u> | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | |
| APPROVED: <u><i>CKH</i></u> | | DATE: <u>5/4/07</u> | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: